

Photograph  
Attach a clear, full-face  
photo (2"x 2")  
of your head and  
shoulders taken within  
the past six months  
(required with  
each application).



State of New Jersey  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF PROFESSIONAL PLANNERS  
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45016  
NEWARK, NEW JERSEY 07101  
(973) 504-6465

## Supplemental Application

Please read these instructions for filling out and returning this supplemental application. If you are applying as a licensed Engineer, Architect, Land Surveyor or Landscape Architect, fill out sections A, C and D. If you are applying as an unlicensed person, fill out sections A, B and D. Upon receipt of this supplemental application by the State Board of Professional Planners, you will be sent a registration form that must be filled out and returned to the Board's office. All applicants must fill out the section that inquires as to the applicant's criminal history.

Please print or type.

### A. General Information

Name \_\_\_\_\_ Date of last exam \_\_\_\_\_  
First name Middle name Last name Month/Year

Home address \_\_\_\_\_  
Street address City State ZIP code

Home telephone number \_\_\_\_\_ Business telephone number \_\_\_\_\_  
(include area code) (include area code)

Name of company \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State ZIP code

Since the filing of your last application, have you been arrested or indicted for, or convicted of, any crime or misdemeanor, or any other offense, or imprisoned under sentence for any crime or misdemeanor, or any other offense? If "YES," attach a full explanation on a separate sheet of paper. (check one) ☐ YES ☐ NO

### B. Listed below is my employment history since the filing of my last application (most recent listed first).

Name of company \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Street address City State ZIP code

Name of supervisor \_\_\_\_\_

Name of company \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Street address City State ZIP code

Name of supervisor \_\_\_\_\_

I agree that in the event my examination papers are lost, any claim I may have against the State Board of Professional Planners will be limited to the examination fee paid by me.

\_\_\_\_\_  
Applicant's signature

C. Present License Status:

**Attach copy of  
license**

Date of license/certification \_\_\_\_\_

Number \_\_\_\_\_ Type \_\_\_\_\_

Is your license now in force? ☐ YES ☐ NO If "NO," why? \_\_\_\_\_

Has any license that you have held ever been revoked? ☐ YES ☐ NO If "YES," why? \_\_\_\_\_

D. Affidavit:

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the State Board of Professional Planners for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Planners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:15BB-1 et seq., together with the Rules and Regulations of the State Board of Professional Planners, N.J.A.C. 13:44G-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

**Affix Seal Here**

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Application fee - \$ 75.00

Please send a certified check or money order made payable to:

State Board of Professional Planners  
P.O. Box 45016  
Newark, NJ 07101